



भा.कृ.अनु.प-राष्ट्रीय सुकर अनुसंधान केंद्र  
ICAR-NATIONAL RESEARCH CENTRE ON PIG  
भारतीय कृषि अनुसंधान परिषद  
INDIAN COUNCIL OF AGRICULTURAL RESEARCH  
RANI, GUWAHATI-781131



Phone No.0361 2847195

ESSENTIALITY CERTIFICATE

CERTIFICATE 'A'

Under Central Service (Medical Attendance) Rules  
(To be completed in the case of patients who are not admitted to hospital for treatment)

Certificate granted to Mrs./Mrs./Miss. \_\_\_\_\_ wife/son/daughter of  
Mr. \_\_\_\_\_ employed in the \_\_\_\_\_  
\_\_\_\_\_.

I, Dr. \_\_\_\_\_ hereby certify \_\_\_\_\_

- (a) that I charges and received Rs. \_\_\_\_\_ for \_\_\_\_\_  
consultation on \_\_\_\_\_ (dates to be given) at my  
consulting room/at the residence of the patient;
- (b) that I charged and received Rs. \_\_\_\_\_ for administering \_\_\_\_\_  
\_\_\_\_\_ intravenous/intra-muscular/subcutaneous injection  
on \_\_\_\_\_ (dates to be given ) at \_\_\_\_\_ my  
consulting room/the residence of the patient;
- (c) that the injection administered were not/were for immunising or prophylactic  
purposes;
- (d) that the patient has been under treatment at \_\_\_\_\_ hospital/my  
consulting room and that the undermentioned medicines prescribed by me in this  
connection were essential for the recovery/prevention of serious deterioration in the  
condition of the patient. The medicines are not stocked in the  
\_\_\_\_\_ (name of hospital) for supply to private patients and do  
not include proprietary preparations for which cheaper substances of equal  
therapeutic value are available nor preparations which are primarily foods, toilets or  
disinfectants.

Names of medicines	Price
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

- (e) that the patient is/was suffering from \_\_\_\_\_ and is /was under my treatment from \_\_\_\_\_ to \_\_\_\_\_;
- (f) that the patient is/was not given pre-natal or post-natal treatment ;
- (g) that the X-ray, laboratory test etc., for which an expenditure of Rs. \_\_\_\_\_ was incurred was necessary and were undertaken on my advice at \_\_\_\_\_ (name of the hospital or laboratory);
- (h) that I referred the patient to Dr. \_\_\_\_\_ for Specialist consultation and that the necessary approval of the \_\_\_\_\_ (name of the Chief Administrative Officer of the State) as required under the rules was obtained;
- (i) that the patient did not require/required hospitalisation.

Signature of AMA/Designation of  
the Medical Officer and Hospital  
(Dispensary to which attached)

Dated: \_\_\_\_\_



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ESSENTIALITY CERTIFICATE

CERTIFICATE 'B'

Under Central Service (Medical Attendance) Rules  
(To be completed in the case of patients who are admitted to hospital for treatment)

Certificate granted to  
Mrs./Mrs./Miss. \_\_\_\_\_ wife/son/daughter of  
Mr. \_\_\_\_\_ employed in the \_\_\_\_\_  
\_\_\_\_\_

I, Dr. \_\_\_\_\_ hereby certify \_\_\_\_\_  
\_\_\_\_\_

(a) that the patient was admitted to hospital on the advice of  
\_\_\_\_\_ (name of the Medical Officer)/on my advice:

(b) that the patient has been under treatment  
at \_\_\_\_\_ and that the under mentioned medicines  
prescribed by me in this connection were essential for the recovery/prevention of  
serious deterioration in the condition of the patient. The medicines are not stocked  
in the \_\_\_\_\_ (name of the hospital) for supply to  
private patients and do not include proprietary preparations for which cheaper  
substances of equal therapeutic value are available nor preparation which are  
primarily foods, toilets or disinfectants:

Names of medicines	Price
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____

(c) that the injections administered were/were not for immunizing or  
prophylactic purposes:

(d) that the patient is/was suffering from \_\_\_\_\_ and is/was  
under treatment from \_\_\_\_\_ to \_\_\_\_\_ ;

(e) that the X-ray, laboratory test etc., for which an expenditure of Rs. \_\_\_\_\_ was incurred was necessary and were undertaken on my advice at \_\_\_\_\_ (name of the hospital or laboratory);

(f) that I called on Dr. \_\_\_\_\_ for Specialist consultation and that the necessary approval of the \_\_\_\_\_ (Name of the Chief Administrative Medical Officer of the State) as required under the rules, was obtained.

PART-B

I certify that the patient has been under treatment at the \_\_\_\_\_ hospital and that the service of the special nurses for which an expenditure of Rs. \_\_\_\_\_ was incurred, vide bills and receipts attached, were essential for the recovery/prevention of serious deterioration in the condition of the patient.

Signature and Designation of  
the Medical Officer in charge  
of the case at the hospital

COUNTERSIGNED  
Medical Superintendent  
\_\_\_\_\_ Hospital

\*I certify that the patient has been under treatment at the \_\_\_\_\_ hospital and that the facilities provided were the minimum which were essential for the patient's treatment.

Medical Superintendent  
\_\_\_\_\_ Hospital

Place:

Note:- Certificates not applicable should be struck off. Certificate (d) is compulsory and must be filled in by the Medical Officer in all cases.

\*The 'minimum facilities certificate' may be signed either by the Medical Superintendent of the Hospital concerned or another Gazetted Medical Officer who has been authorized in this behalf by the Medical Superintendent.